

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1957

43062

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2906

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>/</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dellwood</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2115 Kappel Drive</u>			Length of stay in lb <u>7 wks</u>		d. STREET ADDRESS (If outside, give location) <u>1112 North 9th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ENNA</u> Middle <u>AUGUSTA</u> Last <u>HUGE</u>				4. DATE OF DEATH Month <u>November</u> Day <u>19</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>August 19, 1885</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>/</u> Days <u>/</u> Hours <u>/</u> Min. <u>/</u>		IF UNDER 24 HRS. Months <u>/</u> Days <u>/</u> Hours <u>/</u> Min. <u>/</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager --- Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Oscar Meyer Hat Co</u>			11. BIRTHPLACE (City and state or country) <u>Waterloo, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>William Kimmel</u>				14. MOTHER'S MAIDEN NAME <u>Flora Lutz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>329-10-0729</u>		17. INFORMANT (Son) Address <u>Jack Huge 712 W. 5th O'Fallon, Ill.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) <u>4200</u> DUE TO (c) <u>/</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Hypertension</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u>/</u> g. m. <u>/</u> p. m. <u>/</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Sept 25, 1957</u> , to <u>Nov 19, 1957</u> and last saw her <u>alive</u> on <u>Nov 18, 1957</u> . Death occurred at <u>3:40 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>				22b. ADDRESS <u>8231 Clayton Rd (17)</u>		22c. DATE SIGNED <u>11/20/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>11-21-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>E. J. SCHNUR 3125 Lafayette Ave.</u>				25. DATE RECD. BY LOCAL REG. <u>11-20 57</u>		25. REGISTRAR'S SIGNATURE <u>Hubert R. Donke MD</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Joe B. Volkmann*

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.